

STATE OF WASHINGTON

WASHINGTON STATE BOARD OF HEALTH

1102 SE Quince Street • PO Box 47990 Olympia, Washington 98504-7990

September 11, 2002

TO: Washington State Board of Health Members

FROM: Don Sloma, Executive Director

RE: STATE AGENCY MEDICAL DIRECTORS REPORT TO THE GOVERNOR'S

SUB-CABINET ON HEALTH

Background and Summary:

State agency medical directors and other health policy experts from the Departments of Labor and Industries, Social and Health Services, the Health Care Authority, Health, Veterans Affairs, the Office of Insurance Commissioner, and the Board of Health meet regularly in a group known as the Agency Medical Directors Group (AMD). In support of the Governor's Sub-cabinet on Health, the AMD collaborates to identify and assess new opportunities to improve quality, enhance access and promote the cost-effective purchase of health care services in the state's medical care financing and delivery system.

In June 2002, Gary Franklin, Medical Director for the Department of Labor and Industries and AMD Chair, presented the Agency Medical Directors' Recommended Priorities for Quality Health Care to the Governor's Sub-cabinet on Health. (Please See Attachment) The six priorities were developed after more than a year's consideration of some sixteen potential areas. The six were selected as short term (18 months or less) activities that could be pursued within current resources and that had the best hope of improving quality, containing costs, promoting access, improving health outcomes, improving customer service, or reducing provider burden.

The six priority areas were:

- Improving the availability of proven **clinical preventive services**, especially for children;
- Conducting interagency **demand improvement** activities;
- Developing an **interagency technology assessment** capability;
- Using existing data to better track key health outcomes across state agencies;
- Assessing the effect of **RBRVS** as a reimbursement methodology; and
- Improving **disease management** of targeted health conditions.

Three of the priorities, Clinical Preventive Services, Interagency Technology Assessment, and Disease Management were approved to move forward.

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The Sub-cabinet asked that the remaining three priorities, **Tracking Health Outcomes**, **Demand Improvement**, and **Reimbursement Methods** be re-scoped and clarified for consideration by the Sub-cabinet at a later date.

Dr. Franklin is here today to brief the Board on this work and to discuss its relationship to the Board's State Health Report and Board priorities.

Recommended Board Action:

No action is recommended at this time. However, the Board may wish to consider any direction it might have regarding priorities for future collaborative efforts between the Board and the AMD.